

# Texas Department of Criminal Justice (TDCJ) Correctional Managed Health Care Committee's administration of Hepatitis C treatment and procedures

Interim Charge 4: Examine the Correctional Managed Health Care Committee's administration of Hepatitis C treatment and procedures.

#### Correctional Managed Healthcare Committee (CMHCC)

Authorized by Chapter 501, Subchapter E of the Texas Government Code, the Correctional Managed Health Care Committee was established to improve access to quality health care while containing costs by maximizing the use of the state's medical schools, securing efficiencies through improved intergovernmental collaboration, and using managed care tools.

The CMHCC was originally established by the 73rd Legislature in 1993 to address the rising costs and operational challenges involved in providing health care to prisoners confined in the Texas Department of Criminal Justice (TDCJ). Subsequently amended through refinement of its legislative authority and re-authorized by the 76th and 83rd Legislatures in response to Sunset reviews, the CMHCC has developed the structure for the correctional health care system now in place and a statewide provider network to provide medical services to TDCJ offenders.

Organizationally, the CMHCC is composed of nine voting members and one non-voting member, as follows:

- One member employed full-time by the TDCJ, and appointed by the TDCJ's executive director
- One member who is a physician and employed full-time by the University of Texas Medical Branch (UTMB) at Galveston, appointed by the president of the medical branch;
- One member who is a physician and employed full-time by the Texas Tech University Health Sciences Center (TTUHSC), appointed by the president of the university;
- ◆ Two public members who are physicians, each of whom is employed full-time by a medical school other than UTMB or TTUHSC, appointed by the Governor;
- Two members appointed by the Governor who are licensed mental health professionals;
- ◆ Two members appointed by the Governor, who are not affiliated with the department or with any contracting entity, at least one of whom is licensed to practice medicine in this state, and
- ◆ The state Medicaid director or a person employed full-time by the Health and Human Services Commission and appointed by the Medicaid director, is to serve as an ex-officio non-voting member.

The CMHCC coordinates the development of statewide policies for the delivery of correctional health care and serves as a representative forum for decision making in terms of overall health care policy. CMHCC representatives are empowered by their respective organizations to represent them on health care matters and make decisions that are binding on their organizations. The shared communication, coordination, decision making, and dispute resolution roles performed by the committee are key elements to the ongoing success of the correctional health care partnership.



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The correctional health care system represents an innovative and unique collaboration between the state's prison system and two of its leading health sciences centers. This health care partnership between the Texas Department of Criminal Justice (TDCJ), Texas Tech University Health Sciences Center (TTUHSC) and the University of Texas Medical Branch (UTMB) is operated under the guidance and direction of the CMHCC. The primary purpose of the CMHCC partnership is to ensure that TDCJ offenders have access to quality health care while managing cost.

#### Access to Quality Healthcare at a TDCJ Unit

The Texas Department of Criminal Justice (TDCJ) contracts with the University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) for the provision of health care services at units across the state.





The health care provider responsibilities of UTMB and TTUHSC include recruiting and hiring health care personnel to staff the prison medical departments, diagnosing prisoners' health problems, mental health services, and providing treatment or making referrals to specialists. These services include unit primary care services, all specialty care services, all pharmaceuticals, community provider outpatient and ancillary services, and all in-patient hospital services. Both UTMB and TTUHSC enter into subcontracts with community providers to provide locally based services when they determine such action is warranted.

#### **Hepatitis C**

The Correctional Managed Healthcare Committee (CMHCC) coordinates the development of statewide policies for the delivery of correctional health care to offenders confined in the Texas Department of Criminal Justice (TDCJ). The CMHCC has appointed various Joint Correctional Managed Health Care (CMHC) Policy and Procedure committees for the development of Hepatitis C policies including the CMHC Infection Control Committee and the CMHC Pharmacy and Therapeutics Committee. These Joint Committees are comprised of representatives from TDCJ, The University of Texas Medical Branch at Galveston (UTMB), and Texas Tech Health University Sciences Center (TTUHSC). In 2013, the CMHCC established a Joint Hepatitis C Working Group to provide guidance regarding Hepatitis C evaluation and treatment and procedures. For FY 2020-21, this working group includes the following members:

### **CMHCC Joint Hepatitis C Working Group (FY 2020-21)**

### **CO-CHAIRS**

NAME	CREDENTIAL AND TITLE	AFFILIATION
Khan, Jessica	MD, Director of Clinical Virology	UTMB CMC
Roberts, Melanie	PharmD, Clinical Practice Specialist	UTMB CMC

### **MEMBERS**

NAME	CREDENTIAL AND TITLE	AFFILIATION
Black-Edwards, Chris	RN, BSN, Deputy Director	TDCJ HSD
Coglianese, Carol	MD, Quality and Contract Monitoring	TDCJ HSD
Crist, Christopher	MD, Infectious Disease Specialist	TTUHSC CMC
Lenz, Ranee	PharmD, Chief of Managed Health Care Pharmacy Services	TTUHSC CMC
Smith, Monte	DO, Chief Medical Officer	UTMB CMC
Leeah, Benjamin¹	MD, Northern Region Medical Director	TTUHSC CMC
Vacant <sup>2</sup>		TTUHSC CMCw
Zepeda, Stephanie	PharmD, Director of Pharmacy Services	UTMB CMC

Hepatitis C is a significant health care problem with a high burden in the correctional setting. The current version of *CMHCC Infection Control Policy B-14.13.3*, Hepatitis C was approved by the joint agency medical directors in April 2019 to address this burden and provide guidance for the treatment of offenders within TDCJ custody who have been diagnosed with chronic Hepatitis C<sup>3</sup>. In addition to guidance set forth in *CMHCC Policy B-14.13.3*, the CMHC Pharmacy & Therapeutics Committee established the *Chronic Hepatitis C Evaluation and Treatment Pathway*, which was updated earlier this year. The CMHCC Joint Hepatitis C Working Group continues to review and recommend evaluation and treatment protocols for offenders diagnosed with chronic Hepatitis C under the guidance established in *CMHCC Policy B-14.13.3* and the *Chronic Hepatitis C Evaluation and Treatment Pathway*.

Under this guidance, offenders in TDCJ custody are evaluated and screened through a comprehensive screening during initial intake based on a broad set of known risk factors for Hepatitis C. After this initial screening, offenders may be referred for further testing and diagnosis. Offenders

<sup>&</sup>lt;sup>1</sup>Dr. Sheri Talley retired. She was officially replaced with Benjamin Leeah, MD, Northern Region Medical Director, TTUHSC CMC.

<sup>&</sup>lt;sup>2</sup>Brenda Whitney, RN, retired, and a replacement has not yet been named.

<sup>&</sup>lt;sup>3</sup>There have been no changes to this CMHCC policy in FY 2019 or FY 2020.



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who are diagnosed with a chronic Hepatitis C infection receive annual evaluations and further testing to determine if the offender is a candidate for possible treatment of Hepatitis C with direct acting antiviral medication (DAA). Treatment of chronic Hepatitis C has continued to evolve over the past several years with the introduction of DAA medication. The newer DAA medications are substantially more effective than older interferon-based regimens and much easier to tolerate. Accordingly, DAA medications have become the preferred form of medication for persons diagnosed with chronic Hepatitis C.

Approximately 1,250 offenders in TDCJ custody received treatment with DAA medications for chronic Hepatitis C in FY 2020. As of September 1, 2020, there are approximately 10,000 offenders in TDCJ custody with a diagnosis of chronic Hepatitis C who have not been treated with DAA medications. Based on the recommendations of TDCJ's contracted healthcare providers, UTMB and TTUHSC, 300 offenders in TDCJ custody have been prioritized to begin treatment with DAA medications by the end of calendar year 2020.

The CMHCC members and Dr. Lannette Linthicum, Director of the TDCJ Health Services Division, and other officials from UTMB and TTUHSC have been named as defendants in a class action lawsuit seeking treatment with DAA medication of offenders in TDCJ custody who have been diagnosed with chronic Hepatitis C. This lawsuit, Roppolo, et al. v. Linthicum, et al., No. 2:19-CV-00262, is currently pending before the U.S. District Court for the Southern District of Texas, Corpus Christi Division. On September 2-3, 2020, the parties participated in mediation with former Texas Supreme Court Chief Justice Thomas Phillips serving as the mediator. The parties reached a settlement agreement in principle to continue providing treatment with DAA medication for at least 1,200 offenders in TDCJ custody per year who have been diagnosed with chronic Hepatitis C based on the guidance in CMHC Policy B-14.13.3, the Chronic Hepatitis C Evaluation and Treatment Pathway and the individual diagnosis of each offender. Such treatment with DAA medication would be prioritized based on each offender's individual diagnosis. The parties continue to negotiate the final terms of this settlement agreement.